

# Benefit Choice Options Election Period 1

## June 7 through June 21, 2004 - Changes Effective July 1, 2004

**Please Note:** A second Benefit Choice Options Election Period may be held at a later date if there are changes in benefit levels or premiums resulting from union negotiations. You will have the opportunity to change plans at that time with updated information. For the latest information, continue to visit our website at [www.benefitschoice.il.gov](http://www.benefitschoice.il.gov)

### What Has Not Changed:

- **Managed Care Health Plans** — the plans that were available in FY04 continue to be available. See page 6 for information.
- **Premiums** — the monthly premiums for Health and Dental Plans will remain the same as FY04 pending resolution of collective bargaining. See pages 3-4 for information.
- **Benefit Levels** — the current benefit levels for Quality Care Health Plan (QCHP), the Managed Care Health Plans, prescription drug copayments and the Quality Care Dental Plan (QCDP) will remain the same as FY04 pending resolution of collective bargaining.
- **Vision Program** — There are no changes to the vision plan. Vision Service Plan (VSP) will continue to be the Vision Plan Administrator until further notice.
- **Life Insurance Benefit** — there are no changes to the benefit levels or premiums. Minnesota Life Insurance Company will continue to be the Life Insurance Plan Administrator.

### What Has Changed:

- **Prescription Drug Benefit for all Health Plans** — prescription contraceptives are now covered by all plans. Contact your Health Plan Administrator's Prescription Benefit Manager for detailed information or to obtain information concerning the Preferred Drug List (formulary). Preferred Drug Lists are subject to change during the plan year without notice.
- **Managed Care Health Plans** — several Managed Care Health Plans have expanded their service areas (see page 6). Managed Care Health Plans are responsible for sending their own marketing materials. If you need specific information, contact the plan directly or visit [www.benefitschoice.il.gov](http://www.benefitschoice.il.gov) for links to Plan Administrators.
- **Benefit Choice Election Form** — is new this year. Complete this form (located at the end of this Booklet) only if you want to make a change to your **health plan, dental** or **life** insurance coverage amount during the Benefit Choice Options Election Period 1. Submit your completed form (along with other required documentation) to your agency Group Insurance Representative (GIR) on or before **June 21, 2004**.
- **Flexible Spending Account (FSA) Program** — over-the-counter medicines and drugs are now an eligible reimbursable item for the Medical Care Assistance Plan (MCAP). This is just one of the many Program enhancements. See page 7 for more details.
- **Managed Care Dental Plan** — is no longer available to the State. **If you are currently enrolled in the Managed Care Dental Plan you will automatically be enrolled in QCDP unless you waive coverage.** To waive coverage in QCDP, complete the Benefit Choice Election Form in the back of this Booklet. See information below.
- **Quality Care Dental Plan (QCDP)** — you may now elect to waive dental coverage. If you waive dental coverage, you can re-enroll only during the annual Benefit Choice election period or due to a qualifying change in status. QCDP reimburses covered services at a pre-determined maximum allowable scheduled amount. Plan participants have the freedom to see a dental provider of their choice and are responsible for any charges above the scheduled amount. Premiums are listed on page 4. See the previous year's (FY04) Benefit Choice Options Booklet for the QCDP Schedule of Benefits. The Booklet is available online at [www.benefitschoice.il.gov](http://www.benefitschoice.il.gov)

## State of Illinois

Department of Central Management Services  
Bureau of Benefits

**Rod R. Blagojevich, Governor**  
Michael M. Rumman, Director

# The State offers its Members valuable programs...

## Flexible Spending Account (FSA) Program

### Medical Care Assistance Plan (MCAP) and Dependent Care Assistance Plan (DCAP)

Enrolling in the FSA Program can save you tax dollars for out-of-pocket medical/dental and dependent care expenses incurred during the plan year. FSA allows you to set aside up to \$5,000 in each plan for a combined maximum of \$10,000 (certain limitations may apply). Join the FSA Program today and start saving! See page 7 for details.

## Qualified Transportation Benefit (QTB) Program

The QTB Program can save you money on your eligible commuting and parking expenses. Contributions are conveniently payroll deducted. Transit passes are mailed directly to your home and parking providers can be paid directly. See page 7 for more information.

## Deferred Compensation Program

The Deferred Compensation Program is one way to save for the future while enjoying tax savings today. The Program provides an investment opportunity for employees by offering a wide variety of investment options, flexibility to make investment choices and changes conveniently. Contact the Deferred Compensation Program for more information. See page 8 for contact information.

## Life Insurance Program

Term life insurance coverage is provided automatically at no cost to members. Optional life insurance coverage is also available at low cost group rates to members at their own expense. See page 3 for rate information or refer to your Benefits Handbook for more details.

## Vision Care Benefit Plan

Annual eye examinations are an important part of your overall health, protecting your visual wellness and providing early detection of serious health conditions. **The vision plan provides coverage for an annual exam, lenses and a frame or contact lenses.** Contact VSP for more information, see page 8.

## Long-Term Care (LTC) Insurance

LTC Insurance can help pay expenses not covered by your health plan or disability insurance. MetLife is the LTC Plan Administrator. Contact MetLife for more information. See page 8 for Plan Administrator information.

## Smoking Cessation Program

Members and dependents are eligible to receive a rebate towards the cost of an approved Smoking Cessation Program. The maximum rebate is \$200 and is limited to one rebate per year. See your Benefits Handbook for details.

## Adoption Benefit Program

Employees working full-time or not less than half-time are eligible for reimbursement of eligible adoption expenses. The adoption must be final before expenses are eligible for this benefit. See your Benefits Handbook for details.

## COBRA

Established under provisions of the federal Consolidated Omnibus Budget Reconciliation Act (COBRA), eligible employees, their spouses and dependent children enrolled in a CMS-administered group health plan may purchase continued health and dental coverage if their state group health coverage terminates for specific reasons called "qualifying events." For detailed information regarding COBRA, see your Benefits Handbook or contact the COBRA Administration Unit. See page 8 for Plan Administrator information.

# Employee Monthly Health and Optional Life Premiums

**Employee Health Contributions:** While the state covers most of the cost of employee health coverage, employees also make monthly salary-based contributions for healthcare coverage. The higher the employee's salary, the higher the contribution. Salary-based contributions remain in effect until further notice unless the employee retires, accepts a voluntary salary reduction, or returns to state employment at a different salary (this does not apply to employees returning to work from a leave of absence). Employees who enroll in a managed care plan will pay a lower monthly contribution. Employees who reside in Illinois but do not have managed care accessible should contact the CMS Group Insurance Division. The following FY04 contributions/rates will remain in effect until finalized at union negotiations. FY05 contribution levels will be announced at a later date.

Employee Annual Salary	Employee Monthly Health Contributions	
\$27,300 & below	Managed Care: \$27.00	Quality Care: \$36.00
\$27,301 - \$41,200	Managed Care: \$32.00	Quality Care: \$41.00
\$41,201 - \$54,800	Managed Care: \$34.50	Quality Care: \$43.50
\$54,801 - \$68,600	Managed Care: \$37.00	Quality Care: \$46.00
\$68,601 & above	Managed Care: \$39.50	Quality Care: \$48.50

Note: If you became a SERS/SURS annuitant/survivor on or after 1/1/98, or a TRS annuitant/survivor on or after 7/1/98, and have less than 20 years creditable service, you may be required to pay a percentage of the cost for your basic coverage. Call your retirement system for applicable premiums. SERS: (217) 785-7444; SURS: (800) 275-7877; TRS: (800) 877-7876.

## Monthly Optional Term Life Insurance Rates

Member by Age	Monthly Rate per \$1,000
Under 25	\$0.05
Ages 25 - 29	0.06
Ages 30 - 34	0.08
Ages 35 - 39	0.09
Ages 40 - 44	0.10
Ages 45 - 49	0.15
Ages 50 - 54	0.26
Ages 55 - 59	0.48
Ages 60 - 64	0.75
Ages 65 - 69	1.42
Ages 70 - 74	2.54
Ages 75 - 79	3.57
Ages 80 - 84	4.25
Ages 85 - 89	5.25
Ages 90 and above	6.50
Accidental Death & Dismemberment	0.02
Spouse (for \$5,000 coverage)	\$3.40
Dependent Children (for \$5,000 coverage)	\$0.26

## Premium Calculation Worksheet

**Employee Monthly Health Contribution:** \$ \_\_\_\_\_  
(see chart above)

**Dependent Monthly Health Premium:** \$ \_\_\_\_\_  
(if insuring Dependents, see page 4)

**Monthly Dental Premium:** \$ \_\_\_\_\_  
(see page 4)

**Monthly Optional Term Life Insurance Rates:** \$ \_\_\_\_\_  
(see chart to left)

**My Total Monthly Premium:** \$ \_\_\_\_\_

**NOTE:** An interactive Premium Calculation Worksheet is available online at [www.benefitschoice.il.gov](http://www.benefitschoice.il.gov)

# Dependent Monthly Health and Dental Premiums

Monthly dependent premiums are **in addition** to employee health contributions. Dependents **must** be enrolled in the same plan as the Member under whom they are enrolled. **Medicare dependent premiums apply only if Medicare is PRIMARY for both Parts A and B.** If you are actively working, and you or your dependents are enrolled in Medicare, become eligible for Medicare Part A and/or Medicare Part B or have questions regarding whether Medicare is primary payer, contact CMS Medicare COB Unit. See page 8 for Plan Administrator contact information.

Dependent Health Plan Premiums				
Health Plan Name and Code	One Dependent	Two or More Dependents	One Medicare A and B Primary Dependent	Two or More Medicare A and B Primary Dependents
Quality Care Health Plan (Code: D3)	\$150	\$180	\$ 96	\$157
Health Alliance HMO (Code: AH)	\$ 74	\$ 113	\$ 69	\$ 113
Health Alliance Illinois (Code: BS)	\$ 83	\$125	\$ 80	\$125
HMO Illinois (Code: BY)	\$ 63	\$ 96	\$ 59	\$ 96
OSF Health Plan (Code: CA)	\$ 72	\$ 110	\$ 69	\$ 110
OSF Winnebago (Code: CE)	\$ 87	\$132	\$ 84	\$132
PersonalCare (Code: AS)	\$ 72	\$ 110	\$ 68	\$ 110
Unicare HMO (Code: CC)	\$ 62	\$ 93	\$ 57	\$ 93
HealthLink OAP (Code: CF)	\$ 85	\$129	\$ 82	\$129

*Employees who reside in Illinois who enroll dependents, but are not accessible to managed care providers, should contact CMS Group Insurance Division for plan premium rates. See page 8 for Plan Administrator information.*

Dental Premiums				
Dental Plan	Employee Only	Employee + 1 Dependent	Employee + 2 or more Dependents	Retirees, Annuitants, Survivors and Dependents
Quality Care	\$7.50	\$12.50	\$15.00	\$0

# Health Plan Options

Review the features below to help you make the best healthcare choices for you and your family. Enrolled dependents are covered by the same medical plan as the member. Plans differ with respect to:

- Services covered
- Deductibles, copayment levels and out-of-pocket maximums
- Geographic limitations
- Healthcare provider network

You have three (3) types of medical plans to choose from:

Plan	Type	Features
Health Maintenance Organizations (HMO)	Managed Care	•Selection of primary care physician (PCP) •Referrals to specialists often controlled by PCP •Lower out-of-pocket costs
Open Access Plan (OAP)	Managed Care	•Selection of PCP with self-referral to specialists •Out-of-network physician and hospital access •Slightly higher out-of-pocket costs
Quality Care Health Plan (QCHP)	Indemnity Plan	•Access to any physician •Higher out-of-pocket costs

## Managed Care Health Plans

There are 8 managed care plans from which to choose. Plans include HMOs and an OAP. All offer comprehensive benefit coverage.

There are distinct advantages to selecting a managed care health plan – namely, lower out-of-pocket costs and virtually no paperwork. Like any health plan option, managed care has its limitations including geographic availability and limited provider networks. If you are considering a managed care plan, explore and research the various plans available. Benefits are subject to the limitations outlined in each plan's Summary Plan Document. Contact the managed care plan administrator for detailed information concerning the various levels of coverage provided. See page 8 for Plan Administrator information.

## Health Maintenance Organizations (HMOs)

HMOs operate on an "in-network" structure. Plan participants select a Primary Care Physician (PCP) from the network of participating providers. In conjunction with the health plan, the PCP directs all healthcare services for the plan participant, including visits to specialists and hospitalizations. When medical services are coordinated through the PCP, the plan participant pays only a predetermined copayment. There are no annual plan deductibles for HMO plans.

## Open Access Plan (OAP)

The plan is unique because it offers three benefit levels:

**Tier I** - HMO level of benefits - often paying 100% after a copayment (using a Tier I network provider).

**Tier II** - self-referral PPO benefits generally paying at 90%, after you pay a deductible (using a Tier II network provider).

**Tier III** - open access to out-of-network providers where benefits are generally paid at 80% of the usual and customary charges (after a deductible).

Your benefit level is determined by the provider you choose. The plan provider directory contains separate listings of participating providers in the Tier I and Tier II networks so that you will know in advance the level of benefits you will receive.

## Quality Care Health Plan (QCHP)

QCHP is a medical indemnity plan which offers a comprehensive range of benefits. The QCHP Medical Plan Administrator is CIGNA. Under QCHP, you choose any physician or hospital for general or specialty medical services, and receive higher levels of benefits by using a QCHP Preferred Provider Organization (PPO) hospital or the CIGNA Healthcare PPO Network of providers and facilities. Intracorp is the QCHP Notification Administrator/Medical Case Management Administrator. Magellan Behavioral Health is the QCHP Behavioral Health Administrator and is the Notification Administrator for mental health/substance abuse services. See page 9 for Plan Administrator information.

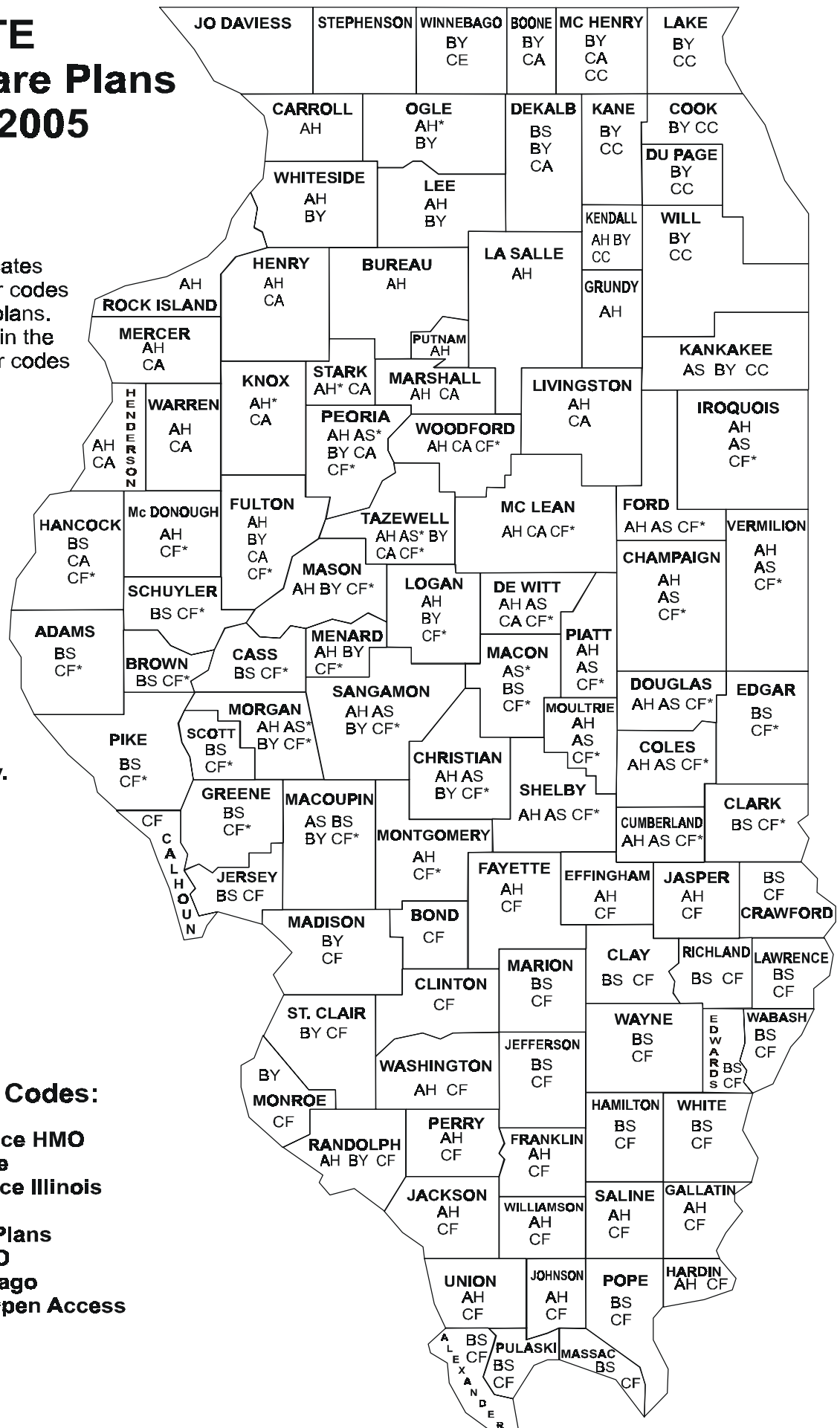
# STATE Managed Care Plans For FY 2005

The key below indicates the two-letter carrier codes for HMO and OAP plans. Plans are available in the counties where their codes appear.

\* If an asterisk appears by one of the managed care plans, it means the plan is new to that county.

## HMO and OAP Codes:

AH = Health Alliance HMO  
 AS = PersonalCare  
 BS = Health Alliance Illinois  
 BY = HMO Illinois  
 CA = OSF Health Plans  
 CC = UniCare HMO  
 CE = OSF Winnebago  
 CF = HealthLink Open Access





# Qualified Transportation Benefit (QTB) Program

The Qualified Transportation Benefit (QTB) Program is an optional benefit that gives eligible employees the opportunity to use tax-free dollars to pay for their out-of-pocket, work-related commuting and/or parking expenses. This lowers your “taxable” income, which means you pay less taxes. Wameworks is the Plan Administrator for QTB.

**Public Transportation:** The transportation benefit allows you to use up to \$100 per month to pay for transit passes for the bus or train, or for vanpooling expenses incurred for work-related commuting costs. The transit media you select is conveniently mailed directly to your home before the beginning of the month the pass is to be used.

**Parking:** The parking benefit allows you to payroll deduct up to \$190 per month to pay for work-related parking expenses. You may elect to have your parking provider paid directly or may be reimbursed by submitting a claim form and proof of services or by completing an online claim form.

## How The Program Works

Full-time and part-time employees working more than 50% may enroll in the Program at any time. There is no qualifying change in status required to enroll mid-year and you may cancel or change your deductions at any time. Your enrollment, change, or cancellation must be made by the 10<sup>th</sup> day of the month for the benefit to begin the next month. For example, a selection made on or before January 10<sup>th</sup> would begin in February.

You elect the amount you want deducted from your paycheck upon enrollment into the Program. Your payroll office is notified of the deduction amount you elected. Deductions are made before federal, state and Social Security taxes are withheld. This amount lowers your taxable income and provides you with more spendable income. To estimate your savings, visit the WageWorks website and use the Commuter Savings Calculator.

To enroll, change, or cancel your election, contact WageWorks. See page 8 for Plan Administrator information.

## The Flexible Spending Account (FSA) Program

The FSA Program offers you two tax-free plans to save money! The FSA Program is an optional benefit that allows eligible employees to set aside up to \$5,000 tax-free to one or both of the plans for a combined maximum of \$10,000. You determine your eligible expenses and elect the amount you want deducted from your paycheck during the annual Benefit Choice period. The amount designated is payroll deducted and deposited into the account prior to federal, state and Social Security tax withholdings. Thereby lowering taxable income, and increasing your spendable income. Fringe Benefit Management Company (FBMC) is the Plan Administrator for the FSA Program. The Plans are as follows:

- **Medical Care Assistance Plan (MCAP)** - allows you to pay eligible out-of-pocket medical and dental expenses incurred during the plan year. For eligibility information contact your GIR or the FSA Unit.
- **Dependent Care Assistance Plan (DCAP)** - allows you to pay eligible child and/or adult day care expenses incurred during the plan year. For eligibility information contact your GIR or the FSA Unit.

### MCAP enhancements effective July 1, 2004:

- Over-the-Counter (OTC) medicines/drugs - are now eligible for reimbursement through MCAP. Eligible OTC items include medicines/drugs such as allergy and pain relief medicines and cold remedies. Contact FBMC for additional information.
- Orthodontia - continues to be an eligible reimbursable expense. However, the proration requirement has changed. You can now pay the provider for the entire eligible, out-of-pocket amount and be reimbursed for the amount when the braces are placed. If you are currently enrolled in MCAP for reimbursement of orthodontic expenses, you can pay the entire amount and be reimbursed in FY05. Contact FBMC or the FSA Unit for details concerning orthodontia reimbursement.
- Also, watch for information on the MCAP EZ Reimburse Mastercard program coming later this fiscal year.

### Enhancements to Both MCAP and DCAP:

- Dependent information (name, date of birth and social security number) is no longer required for Enrollment/Re-Enrollment Forms. For DCAP, spouse employer information is no longer required.
- New Flexible Spending Account Reimbursement Request Form (claim form) provides a carbonless copy of your claim submission for your convenience. When submitting a claim for reimbursement, complete the form, attach your supporting claim documentation, send FBMC the white copy and retain the yellow copy for your records.

## Who to call for information...Plan Administrators

Healthcare Plan Name/Administrator	Toll-Free Telephone Number	TDD / TTY Number	Web Site Address
Health Alliance HMO	(800) 851-3379	(217) 337-8137	www.healthalliance.org
Health Alliance Illinois	(800) 851-3379	(217) 337-8137	www.healthalliance.org
HealthLink OAP	(800) 624-2356	(800) 624-2356, ext 6280	www.healthlink.com
HMO Illinois	(800) 868-9520	(800) 888-7114	www.bcbsil.com/stateofillinois
OSF Health Plans	(888) 716-9138	(888) 817-0139	www.osfhealthplans.com
OSF Winnebago	(888) 716-9138	(888) 817-0139	www.osfhealthplans.com
PersonalCare	(800) 431-1211	(217) 366-5551	www.personalcare.org
Unicare HMO	(888) 234-8855	(312) 234-7770	www.unicare.com

Plan Component	Contact For:	Administrator's Name and Address	Customer Service Phone Numbers and Web Site Address
Vision Plan Administrator	Vision services, benefits, network providers, claim forms and filing.	<b>Vision Service Plan (VSP)</b> Plan 222 P.O. Box 997105 Sacramento, CA 95899-7105	(800) 877-7195 (800) 428-4833 (TDD/TTY) www.vsp.com
Life Insurance Plan Administrator	Life insurance coverage and claim information.	<b>Minnesota Life Insurance Company</b> 1 North Old State Capitol, Suite 305 Springfield, IL 62701	(888) 202-5525 (800) 526-0844 (TDD/TTY)
Long-Term Care (LTC) Insurance	Long-term care insurance coverage.	<b>MetLife</b> (no address required)	(800) 438-6388 (800) 638-1004 (TDD/TTY)
Deferred Compensation Program	Long-term supplemental retirement savings program. Provides investment opportunities with payroll deducted, pre-tax dollars.	<b>CMS Deferred Compensation Division</b> 201 East Madison Street P.O. Box 19208 Springfield, IL 62794-9208	(800) 442-1300 (800) 526-0844 (TDD/TTY) www.state.il.us/cms/employee/defcom
FSA Plan Administrator	Information on MCAP/DCAP and claim eligibility.	<b>Fringe Benefits Management Company</b> P.O. Box 1800 Tallahassee, FL 32302-1800	(800) 342-8017 (800) 955-8771 (TDD/TTY) (850) 514-5817 (fax) www.fbmc-benefits.com
Qualified Transportation Benefit (QTB) Program	Information on setting aside pre-tax dollars for transportation and parking expenses.	<b>WageWorks</b> 2 Waters Park Drive, Suite 250 San Mateo, CA 94403	(877) 924-3967 (800) 526-0844 (TDD/TTY) www.wageworks.com
Health/Dental Plans, Medicare COB Unit, FSA Unit, COBRA Unit, Life Insurance, Adoption and Smoking Cessation Benefits	General information on the state health plans or other benefits.	<b>CMS Group Insurance Division</b> 201 East Madison Street P.O. Box 19208 Springfield, IL 62794-9208	(217) 782-2548 (800) 442-1300 (800) 526-0844 (TDD/TTY) www.benefitschoice.il.gov



## Who to call for information...Plan Administrators

Plan Component	Contact For:	Administrator's Name and Address	Customer Service Phone Numbers
<b>Quality Care Health Plan (QCHP) Medical Plan Administrator</b>	Medical service information, claim forms, ID cards, claim filing/resolution, and pre-determination of benefits.	<b>CIGNA</b> Group Number 3181456 CIGNA HealthCare P.O. Box 5200 Scranton, PA 18505-5200	(800) 962-0051 (nationwide) (800) 526-0844 (TDD/TTY) <a href="http://provider.healthcare.cigna.com/soi.html">http://provider.healthcare.cigna.com/soi.html</a>
<b>QCHP Notification and Medical Case Management Administrator</b>	Notification prior to hospital services. Non-compliance penalty of \$400 applies.	<b>Intracorp, Inc.</b> (no address required)	(800) 962-0051 (nationwide) (800) 526-0844 (TDD/TTY) <a href="http://provider.healthcare.cigna.com/soi.html">http://provider.healthcare.cigna.com/soi.html</a>
<b>QCHP Prescription Drug Plan Administrator</b>	Information on prescription drug coverage, pharmacy network, mail order drugs, specialty pharmacy, ID cards and claim filing.	<b>Caremark, Inc.</b> Group Number 1400 <b>Paper Claims:</b> P.O. Box 686005 San Antonio, TX 78268-6005 <b>Mail Order Prescriptions:</b> P.O. Box 7624 Mt. Prospect, IL 60056-7624	(866) 212-4751 (nationwide) (800) 231-4403 (TDD/TTY) <a href="http://www.caremark.com">www.caremark.com</a>
<b>QCHP Behavioral Health Administrator</b>	Mental Health and Substance Abuse notification, authorization, claim forms and claim filing/resolution.	<b>Magellan Behavioral Health</b> Group Number 3181456 P.O. Box 2216 Maryland Heights, MO 63043	(800) 513-2611 (nationwide) (800) 526-0844 (TDD/TTY) <a href="http://www.MagellanHealth.com">www.MagellanHealth.com</a>
<b>Employee Assistance Program (EAP)</b>	Confidential assistance and assessment services, ID cards.	<b>Magellan Behavioral Health</b> (no address required)	(866) 659-3848 (nationwide) (800) 526-0844 (TDD/TTY) <a href="http://www.MagellanHealth.com">www.MagellanHealth.com</a>
<b>Quality Care Dental Plan (QCDP) Administrator</b>	Dental services, claim filing, ID cards.	<b>CompBenefits</b> Group Number 950 P.O. Box 4677 Chicago, IL 60680-4677	(800) 999-1669 (312) 829-1298 (TDD/TTY) <a href="http://www.compbenefits.com">www.compbenefits.com</a>

### DISCLAIMER

The State of Illinois intends that the terms of this plan are legally enforceable and that the plan is maintained for the exclusive benefit of Members. The State reserves the right to change any of the benefits and costs described in this Benefit Choice Options Booklet. This Booklet is produced annually and is intended to update the Benefits Handbook. If there is a discrepancy between the Benefit Choice Options Booklet, the Benefits Handbook and state or federal law, the law will control.

# BENEFIT CHOICE ELECTION FORM

## INSTRUCTION SHEET

*If you are keeping your current coverage elections, you do not need to complete the Benefit Choice Election Form.*

### SECTION A – EMPLOYEE INFORMATION (Complete all fields)

### SECTION B – OPT OUT / OPT IN

If you wish to opt out of, or opt into, the State's Group Insurance coverage you must complete the 'Opt Out/Opt In' portion of Section B and submit an 'Opt Out/Opt In Election Certificate' (CMS-500 - form available at [www.benefitschoice.il.gov](http://www.benefitschoice.il.gov) or through your agency Group Insurance Representative). If you elect to opt out, you must also provide proof of comprehensive major medical health coverage (indemnity or managed care) provided by an entity other than the Department of Central Management Services. Proof of coverage may be a certificate of creditable coverage or a copy of the front and back of your health ID card.

### SECTION C – HEALTH PLAN ELECTIONS

Do not complete this section if you only want to change your Primary Care Physician (PCP) – you must contact your carrier directly in order to make this change.

If you wish to change your **health** plan, you must check either the Quality Care Health Plan (QCHP) or one of the managed care plan boxes (HMO or OAP). If electing/changing managed care plans, you must enter the managed care plan's two-digit carrier code (see page 6 of this booklet for carrier codes), the plan's name, and the 6-digit PCP number. The 6-digit PCP number may be found in the managed care plan provider directory or the individual plan's online website (see pages 8 and 9 of this booklet for the Plan Administrator contact information).

### SECTION D – DENTAL PLAN OPTION

If you wish to drop your **dental** coverage, you must check the 'I choose not to participate in the dental plan' box (proof of other dental coverage is not required). If you choose this option, you will not be allowed to re-enroll until the next Benefit Choice Period or until you experience a Qualifying Change in Status that allows you to opt back in to the health program.

### SECTION E – OPTIONAL LIFE INSURANCE

Complete this section if you wish to add/drop/increase or decrease either your Optional Life<sup>1</sup> or Accidental Death and Dismemberment coverage.

### SECTION F – DEPENDENT INFORMATION

Complete this section if you are adding, dropping or changing your dependent health or life<sup>1</sup> coverage. If you are adding health or life dependent coverage, **you must provide the appropriate documentation as indicated below:**

Spouse	Marriage certificate
Natural Child through Age 18	Birth certificate
Stepchild	Birth certificate, marriage certificate indicating your spouse is the child's parent, and proof the child resides with you at least 50% of the time.
Adopted Child	Adoption certificate stamped by the circuit clerk.
Adjudicated Child/Legal Guardian	Court documentation signed by a judge.
Student	Birth certificate, Dependent Coverage Certification Statement (CMS-138)**, and verification of full-time student enrollment in an accredited school.
Handicapped	Birth certificate, Dependent Coverage Certification Statement (CMS-138)**, and a letter from the doctor 1) detailing the dependent's limitations, capabilities and onset of condition from a cause originating prior to age 19, 2) a diagnosis from a physician with an ICD-9 diagnosis code, <u>and</u> 3) a statement from the Social Security Administration with the Social Security disability determination.
** The Dependent Coverage Certification Statement (CMS-138) is available online at <a href="http://www.benefitschoice.il.gov">www.benefitschoice.il.gov</a> or through your agency Group Insurance Representative (GIR).	

<sup>1</sup> If you are applying to add or increase Optional Life, Spouse Life or Child Life, you must complete, sign and mail a Statement of Health application to **Minnesota Life, 1 North Old Capitol Plaza, Suite 305, Springfield, IL 62701**. The Statement of Health application is available at [www.benefitschoice.il.gov](http://www.benefitschoice.il.gov) or through your agency GIR.

### SIGNATURE

You must sign and date the Benefit Choice Election Form and give to your agency GIR by **June 21, 2004** in order for your elections to be effective July 1, 2004. Dependent documentation must be submitted to your GIR within 10 days of the end of the Benefit Choice Period. If documentation is not provided within the 10 day period your dependents will not be added.

# BENEFIT CHOICE ELECTION FORM

June 7 – June 21, 2004 (Changes effective July 1, 2004)

**COMPLETE THIS FORM ONLY TO MAKE A CHANGE IN YOUR BENEFITS**

Forms available at [www.benefitschoice.il.gov](http://www.benefitschoice.il.gov)

## SECTION A: EMPLOYEE INFORMATION (required)

Social Security Number	Last Name	First Name	Phone Numbers
- -			Home:
			Work:

## SECTION B: OPT OUT / OPT IN

OPT OUT/OPT IN of Health & Dental		
<input type="checkbox"/> Opt Out	<input type="checkbox"/> Opt In	See Section B instructions on the instruction sheet for requirements.

## SECTION C: HEALTH PLAN ELECTIONS (complete only if changing your health)

Health Plan Election *		
Quality Care Health Plan (QCHP) <input type="checkbox"/>		
Managed Care: <input type="checkbox"/> HMO or <input type="checkbox"/> OAP		If Managed Care is selected you must provide the physician's 6-digit Primary Care Provider (PCP) number.
Carrier Code _____ (2 alpha characters)	PCP# _____ (6 numeric digits)	Plan Name _____

\* If you have Medicare or other insurance, you must provide a copy of your Medicare or other insurance ID card.

## SECTION D: DENTAL PLAN OPTION (complete only if dropping dental)

Dental Plan Option
I choose not to participate in the dental plan <input type="checkbox"/>

## SECTION E: OPTIONAL LIFE INSURANCE (complete this section only if changing life coverage elections)

OPTIONAL LIFE	<input type="checkbox"/> INCREASE <input type="checkbox"/> DECREASE	ACCIDENTAL DEATH & DISMEMBERMENT (AD&D)	
<input type="checkbox"/> CANCEL	<input type="checkbox"/> 1 x Basic <input type="checkbox"/> 3 x Basic	<input type="checkbox"/> CANCEL	<input type="checkbox"/> BASIC only (Basic)
OPTIONAL LIFE	<input type="checkbox"/> 2 x Basic <input type="checkbox"/> 4 x Basic	AD&D	<input type="checkbox"/> COMBINED (Basic + Optional Life)

## SECTION F: DEPENDENT INFORMATION <sup>1</sup> (dependent must be enrolled in the same plans as the member)

HEALTH			LIFE <sup>2</sup> (\$5000)		Name	SSN	Birth Date	Relationship <sup>3</sup>	PCP # (6 digits)
Add	Drop	Change	Add	Drop					
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					

**Notes:** <sup>1</sup> Documentation required to add dependents – see the instruction sheet for specific documentation requirements.

<sup>2</sup> Statement of Health form required when adding Spouse or Child Life (form available at [www.benefitschoice.il.gov](http://www.benefitschoice.il.gov)).

<sup>3</sup> Relationship must be spouse, son, daughter, stepchild, adopted child, adjudicated child or legal guardian.

I authorize prevailing premiums to be deducted from my pay or annuity for those plans I have selected. This authorization will remain in effect until I provide written notice to the contrary. The information contained in this form is complete and true. I agree to abide by all Group Insurance Program rules. I agree to furnish additional information requested for enrollment or administration of the plan I have elected.

MEMBER SIGNATURE: \_\_\_\_\_

DATE: \_\_\_\_\_

GIR/GIP SIGNATURE: \_\_\_\_\_

DATE: \_\_\_\_\_

**Give completed form to your GIR in your Benefits Office by June 21, 2004.**

**Illinois Department of Central Management Services  
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Springfield, IL 62794-9208**

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